

10-1 record culminating in a 48-28 win over the Liberty Christian Academy Bulldogs in the Championship Game on November 21, 2009.

The Collegiate Cougars were successful in defending their state title which they have been awarded five out of their last seven seasons. I join the Richmond community, family and friends in proud recognition of the Collegiate High School Football team's fantastic achievement and undoubtedly bright future.

I commend the Cougars on their successful season and ask you to join me in celebrating their victory.

THE HONOR FLAG

HON. TED POE

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Thursday, December 3, 2009

Mr. POE of Texas. Madam Speaker, the American Flag always brings our Nation together in good or bad times. Shortly after the tragic September 11, 2001 attacks on our great Country, Americans all over the world raised up 'old glory' in patriotic understanding of the events which had just befallen our country. One of these many flags was the symbol of our nation's perseverance, humbly flown over Ground Zero. This flag continues to fly today all around this great Nation in support of our heroes, because of Texas Patriot Chris Heisler.

In the wake of September 11th, Chris Heisler, felt compelled to take action after witnessing his country come under attack. Chris was instrumental in organizing one of the longest police motorcades in the history of the United States; carrying a flag that was gifted to him by the Texas House of Representatives he set out for Ground Zero. The American flag is a symbol to revere, respect, and honor and Chris' profound respect for America's symbol should be commended.

Following the 9/11 terrorist attacks, patriotism surged in the United States. Many new recruits enlisted to help fight the war on terrorism. Chris Heisler was part of this movement, and at the age of 34 he put his business career on hold to enlist in the U.S. Army. While serving his country, Chris carried his revered flag with him to Kuwait, Qatar, and Iraq so it could fly with soldiers in combat zones.

Soon soldiers would refer to this flag as one of honor, and the flag is now named the United States Honor Flag. The United States Honor Flag continues to pay tribute to those who have lost their lives in the line of duty protecting the freedoms we all hold dear. Chris Heisler's patriotism is a lesson for us all.

Madam Speaker, betterment in our country often originates from the efforts of just one person. The establishment of the Honor Flag serves as an important reminder of the daily sacrifices our Nations heroes make, and recognizes the freedoms of Old Glory. In recognition of Chris Heisler's patriotism, in remembrance of the tragic events on September 11, 2001 and for those who continue to fight to preserve our liberty, I am proud to salute Chris Heisler for his loyalty to America, and to the United States Flag.

And that's just the way it is.

INTRODUCTION OF THE PATIENT HEALTH AND REAL MEDICATION ACCESS COST SAVINGS ACT OF 2009

HON. G. K. BUTTERFIELD

OF NORTH CAROLINA

IN THE HOUSE OF REPRESENTATIVES

Thursday, December 3, 2009

Mr. BUTTERFIELD. Madam Speaker, prescription drugs are among the most expensive components of the American health care system. Unfortunately, the system for delivering drugs that has emerged since Congress created the Medicare Part D prescription drug benefit program continues to needlessly drive up these costs for taxpayers and consumers.

Failing on the promises to deliver prescription drugs more efficiently, effectively or at lower costs, pharmacy benefit managers, or PBMs, are reducing consumer choice and adding billions of dollars in costs for government and private health care plans.

As a result, today I will introduce the "Patient Health and Real Medication Access Cost Savings Act of 2009" to ensure cost savings, accountability and transparency. The bill will ensure that taxpayers, providers and patients can escape the mandates, secret pricing schemes, and marginal savings provided by PBMs in favor of an improved pharmacy model that guarantees choice, transparency and measurable savings.

Madam Speaker, nearly 60 large employers that collectively spend \$4.9 billion for prescription drugs recently dropped or forced PBMs to disclose their costs. The University of Michigan started the trend in 2005, and reported an annual savings of \$2.5 million when it dropped its PBM in favor of direct purchases. Officials at the University of Michigan are on record as saying that most of its derived savings came from eliminating fees from its former pharmacy benefit manager and from using the claims data to help school officials better negotiate prescription drug prices.

Additionally, companies like Caterpillar are leading the trend away from the PBM model. According to a recent report in CFO.com, Caterpillar's pharmacy benefit manager indicated that the company "found that there was a great deal of waste inherent in a system that uses PBMs as middle men."

This information led the House Committee on Oversight and Government Reform's Subcommittee on Federal Workforce, Postal Service, and the District of Columbia to hold a hearing on June 24, 2009 to assess the value PBMs are providing to the Federal Employees Health Benefits Program (FEHBP). At that hearing, the subcommittee chairman indicated, "federal employee plans pay substantially more for drugs than other agency programs, including those run by the departments of Veterans Affairs and Defense, and Medicare, Medicaid and the Public Health Service."

Mark Merritt, who represents PBMs as president of the Pharmaceutical Care Management Association (PCMA), told the subcommittee that PBMs contributed to an annual reduction in drug spending by the FEHBP of 3–9 percent. At the same hearing, however, Office of Personnel Management (OPM) Inspector General Patrick McFarland testified that the PBM contracts with FEHBP make auditing them "almost insurmountable."

There is no question that if Congress is to produce large savings as part of its efforts on

health care reform, it must challenge the PBM model that has emerged over the past few years with new models that contain costs and improve efficiency and transparency.

PCMA successfully lobbied Congress from 2001–2003 to allow PBMs to manage the massive new Medicare Part D drug delivery program. As a result of the industry's expanded market power, PBMs are now using new tactics to divert patients into higher-cost services, and to divert taxpayer savings into higher PBM profits. These practices represent a significant abuse of taxpayers and patients in the health care system. PBMs should be held accountable to taxpayers. No other providers in the health care sector are allowed to conduct business like PBMs.

With regards to patient data, pharmacists have complained for years to regulators that PBMs violate patient privacy laws by using their prescription data to push new products and steer patients to pharmacies owned by the PBMs. By comparison, physicians who "self-refer" to facilities they own face very serious legal liabilities. In addition, there is a concern that pharmacy benefit managers routinely sell patient drug histories to drug companies without the knowledge of patients, doctors or plan sponsors.

According to the Association of Community Pharmacists (ACP), patients receive letters every day from PBMs that use the confidential patient data pharmacies must collect to force them to move to pharmacies the PBMs own. ACP has collected thousands of petitions from patients who are asking Congress to stop this abuse of patient confidentiality. ACP has also collected actual letters to patients from PBMs that threaten to cut off pharmacy benefit coverage unless the patients fill their prescriptions at PBM-owned pharmacies.

In fact, PBMs have merged with pharmacy chains to accommodate this new marketing model, which relies on monopolization of drug care for patients in plans that are administered by the PBM. For example, CVS purchased the Caremark PBM company as soon as Congress passed the Medicare Part D program, which directs virtually all pharmacy services to go through PBMs. CVS/Caremark now mandates that all patients in its system use CVS exclusively to fill any prescriptions not mailed by Caremark. Patients who opt out, even if they are not near a CVS store, must pay 100 percent of their prescription costs regardless of how much they have paid in premiums for drug coverage. As a result, CVS now fills one of every seven prescriptions in the U.S.

PBMs also use predatory practices to steer patients away from competing pharmacies and into mail-only prescription drug services. For example, PBMs allow patients to obtain 90-day prescriptions—usually at big discounts—from their mail-order services. While this can be a bargain for patients, the retail pharmacies where patients may prefer to fill their prescriptions are prohibited from offering the same terms to the patient.

Coupled with the lack of enforcement action by the Federal Trade Commission, these PBM tactics are combined with a practice of systematic underpayment to any pharmacy that provides services to a patient whose drug benefit is managed by a PBM. The Association of Community Pharmacists has collected thousands of examples from pharmacies across the country that clearly demonstrate